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ORIGINAL

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ILLINOIS
COMMERCE COMMISSION

2003 AUG -11 A 9:11

Docket No. _____

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Please provide the appropriate information in the () areas in the heading below.

CITYNET ILLINOIS, LLC

Application for a certificate of
local and interexchange authority :
to operate as a reseller or facilities :
based carrier of telecommunications :
services in the Greater Chicago Area in the :
State of Illinois. :

03-0469

APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 331047200

CITYNET ILLINOIS, LLC

Address: Street 343 North Front Street, Suite 400

City Columbus

State/Zip OH 43215

2. Authority Requested: (Mark all that apply) ☒ 13-403 Facilities Based Interexchange
☒ 13-404 Resale of Local and/or Interexchange
☒ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

☒ Part 710 Uniform System of Accounts for Telecommunications Carriers

Citynet requests that it be exempt from the requirement to maintain books and records according to the Uniform System of Accounts. Citynet maintains its records according to the Generally Accepted Accounting Principles ("GAAP"), and requests authority to continue to maintain its records in accordance with GAAP.

☒ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois

☒ Section 735.180 Directories

Citynet will ensure that its customers are listed in the directories of the incumbent local exchange carrier.

☐ Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:

- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
- (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
- (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
- (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

5. In what area of the state does the Applicant propose to provide service?
Greater Chicago Area

6. Please attach a sheet designating contact persons to work with Staff on the following:

a) Issues relating to processing this application.

Steven P. Hershey, Attorney at law
1515 Market Street, 9th Floor
Philadelphia, PA 19102
Ph- 215-851-8400
Fax-215-851-8383

b) Consumer issues.

Dave Rardin, Director, Project Management
343 North Front Street, Suite 400
Columbus, OH 43215
Ph- 614-827-7013
Fax-614-827-7010
Dave.rardin@citynet.net

c) Customer complaint resolution.

Dave Rardin, Director, Project Management
343 North Front Street, Suite 400
Columbus, OH 43215
Ph- 614-827-7013
Fax-614-827-7010
Dave.rardin@citynet.net

d) Technical and service quality issues.

Mike Hoban, VP Networking
343 North Front Street, Suite 400
Columbus, OH 43215
Ph- 614-827-7021
Fax-614-827-7010
Mike.hoban@citynet.net

e) "Tariff" and pricing issues.

Robert Barklay, Regional Sales VP
343 North Front Street, Suite 400
Columbus, OH 43215
Ph- 614-827-7070
Fax-614-827-7010
Robert.barklay@citynet.net

f) 9-1-1 issues

Jon Kunkel, E911 Coordinator
601 W. Polk St.
Chicago, IL 60607
Ph- 312-427-9079
Fax-312-427-9353

g) Security/law enforcement

Jon Kunkel, E911 Coordinator
601 W. Polk St.
Chicago, IL 60607
Ph- 312-427-9079
Fax-312-427-9353

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

7. Please check type of organization?

☐ Individual ☒ Corporation
☐ Partnership Date corporation was formed 2-10-03
In what state? Delaware
☐ Other (Specify)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

Please see Attachment 1.

9. List jurisdictions in which Applicant is offering service(s).

Greater Chicago Area

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

☐ YES ☒ NO

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois? ☐ YES ☒ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

We are based in a different state and it would be costly to maintain two sets of books and records.

We will be willing to pay for anyone to come view our books as needed.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

Please see Attachment 2.

15. List officers of Applicant.

James Martin _____ Michael R. Hoban _____
Duane Bennett _____ Andrew T. Robinson _____
John S. Carey _____

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? _____ YES ☒ NO

If YES, list entity. _____

We have filed applications in Ohio, West Virginia, and Indiana as Citynet Ohio, LLC; Citynet West Virginia, LLC and Citynet Indiana, LLC, but we are not currently providing services.

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.

We will bill monthly for services rendered. This area is still under development.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

This area is still under development. Please see item 26 for details on network resolutions.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES _____ NO

20. What telephone number(s) would a customer use to contact your company?

Customer Care: 800-903-8906

Repair: 800-881-2638

Billing: 800-903-8906

Sales: 800-903-8906

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES _____ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

This area is still under development; the procedures will be in place prior to service.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

_____ YES ☒ NO (If no, please provide an explanation.)

Please refer to question 3 for waivers requested.

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES _____ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Please see Attachment 3.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ☒ YES _____ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

The switching equipment to be deployed will be Lucent 5E. Transmission equipment to be deployed in the ILEC collocate space will be Fujitsu FLM-2400 and FLM-150 add/drop multiplexors.

Citynet will have a national network operations center in Bridgeport, WV, which will continually monitor the Citynet national network via network management equipment which will automatically report equipment outages to center employees. There will also be local technicians to maintain the switching equipment, transmission equipment, and outside plant facilities. When a problem is reported via a customer report or detected automatically by the network management equipment, management center personnel will first try to fix the problem remotely. If remote repair cannot be accomplished, Citynet employees at the operations center will dispatch local technicians to fix the problem.

If NO, which facility provider(s)'s services does the Applicant intend to use? _____

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

Citynet will offer a broad range of local exchange services to business customers in their jurisdiction. These services will mirror the services offered by the incumbent LEC's. Initially, the services offered will be local dial tone lines, primary rate trunking and DID services for PBX's, optional calling features, E-911, directory assistance, operator services, and toll services.

28. Will technical personnel be available at all times to assist customers with service problems?

 X YES NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? YES NO

Not applicable.


(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of Ohio)
County of Franklin)ss

Duane Bennett _____ makes oath and says that he is Chief Operating Officer _____
(Insert here the name of affiant) (Insert the official title of the affiant)

of CITYNET ILLINOIS, LLC _____
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

Duane C Bennett
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ LYNN Costello
(Title of person authorized to administer oaths)

in the State and County above named, this 14 day of July, 2003.

Lynn Costello
(Signature of person authorized to administer oath)



LYNN COSTELLO
Notary Public, State of Ohio
My Commission Expires 8/24/2004